

Name
in
Full

CERTIFICATE OF DEATH

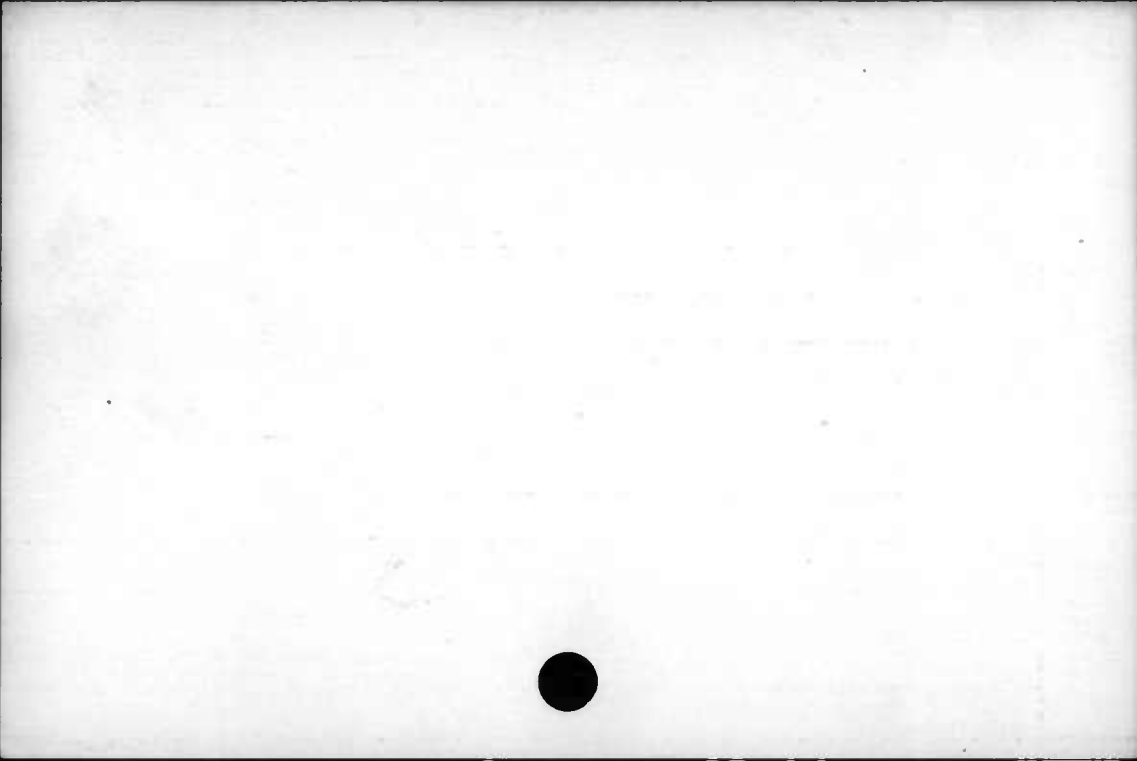
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Burtha Ayer</i>		Town <i>near Centerville</i>		County <i>G. A.</i>		STATE MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 Sept 15</i>		<i>2</i>		<i>3</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>G. A. Co</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>G. A. Co</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Wesley Ayers</i>		Father's Birthplace <i>G. A. Co</i>					
Mother's Maiden Name		Mother's Birthplace <i>G. A. Co</i>					
Name of person giving information <i>Francis Ayers</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Summer complaint</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None</i>	
<i>Jon. G. Dawson</i>		Address <i>Centerville Md</i>	
Accident or Suicide?			



Name
in
Full

George Allen Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

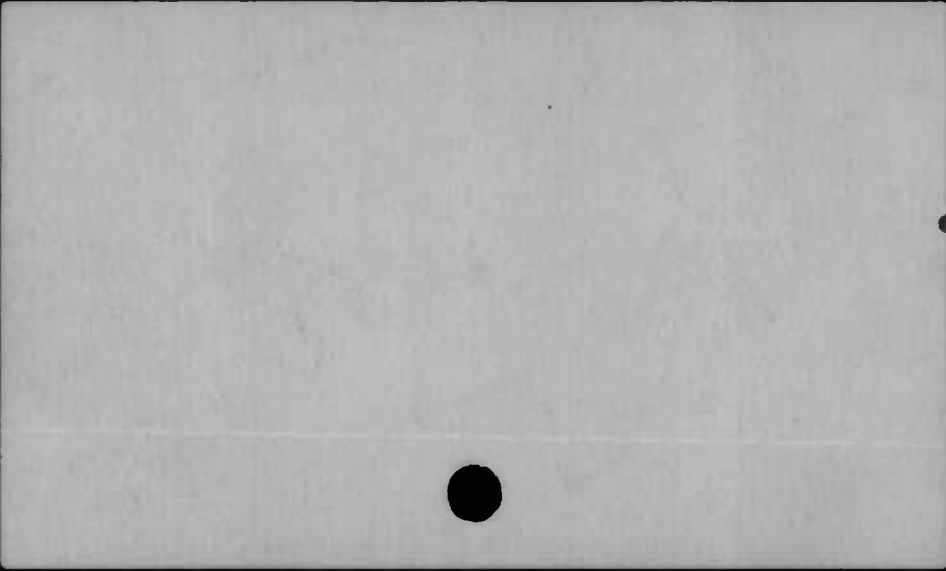
Died at <i>13anlay</i> ^{Town}		<i>Furn</i> ^{County} <i>anne</i>		MARYLAND			
Date of death	<i>190 5</i>	Month <i>4</i>	Day <i>29</i>	Age <i>—</i>	Years <i>4</i>	Months <i>4</i>	Days
Sex	<i>Male</i>		Color or Race		Birth-place <i>13anlay</i>		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>George A Brown</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Elrich</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>George A Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Feeding</i>	How long
Immediate	<i>Cholera Infantum</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Walter Suckles</i>
		Address <i>Sucklesville</i>
Accident or Suicide?		<i>Ind</i>





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fletcher J Devnisk

Died at ^{Town} SudburyCounty ^{Queens}

MARYLAND

Date of death 1908 ^{Month} Aug

Day 27

Age ^{Years} 37Months ^{Days} Eight 1

Sex Male

Color or Race

White

Birth-place

Queens Anne Co

Occupation

Merchant

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Alice J Devnisk

Father's Name

John J Devnisk

Father's Birthplace

Queens Anne Co

Mother's Maiden Name

Margaret Benton

Mother's Birthplace

Queens Anne Co

Name of person giving information

Alice J Devnisk

How related to deceased

Wife

CAUSES OF DEATH

Primary

Gastro. Enteritis

How long

1 1/2 years

Immediate

Exhaustion

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Walter Scales

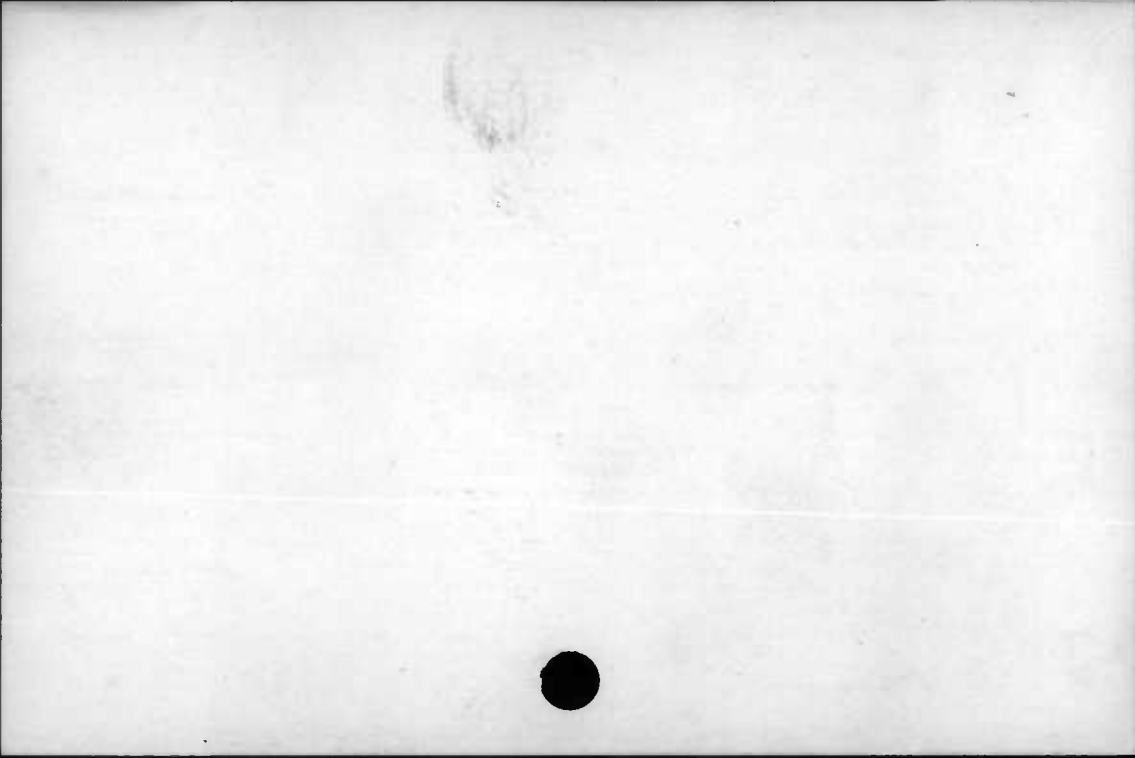
Address

Sudbury

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *near* *Centreville* TownCounty *A.*Date
of death *1905* *Sept.* MonthDay *1*

Age

Years

Months *6*

Days

Sex *Male*Color or
Race *white*Birth-
place *near* *Centreville*Occupation *none*Where Residing if not
at place of death *near* *Centreville*Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *W. C. Dill*Father's
Birthplace *A. Co*Mother's
Maiden Name *Glora Mahon*Mother's
Birthplace *Delaware*Name of person giving
In formation *W. C. Dill*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Malnutrition* *(151)*How long *4 wks*Immediate *Marasmus*How long *Long*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *J. J. Dill*Address *Centreville*
MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant

Frazier (M.M.)

CERTIFICATE OF DEATH

Died at ^{Town} near Centerville ^{County} Queen Anne's Co

MARYLAND

Date of death 1905 ^{Month} 9 ^{Day} 17 ^{Age} ^{Years} ^{Months} ^{Days} 7Sex male ^{Color or Race} Negro ^{Birth-place}Occupation ^{Where Residing if not at place of death}Married, Single
or WidowedName of Wife or
Husband

Father's Name Edward Frazier

Father's
Birthplace

Virginia

Mother's Maiden Name Henrietta Halliday

Mother's
Birthplace

Md.

Name of person giving
Information Edward FrazierHow related
to deceased

Father

CAUSES OF DEATH

Primary Trismus neonatorum

How long 7 days

Immediate Paralysis

How long 2 x hours

Are the name, age, sex, color, date
and place correctly given above?

yes

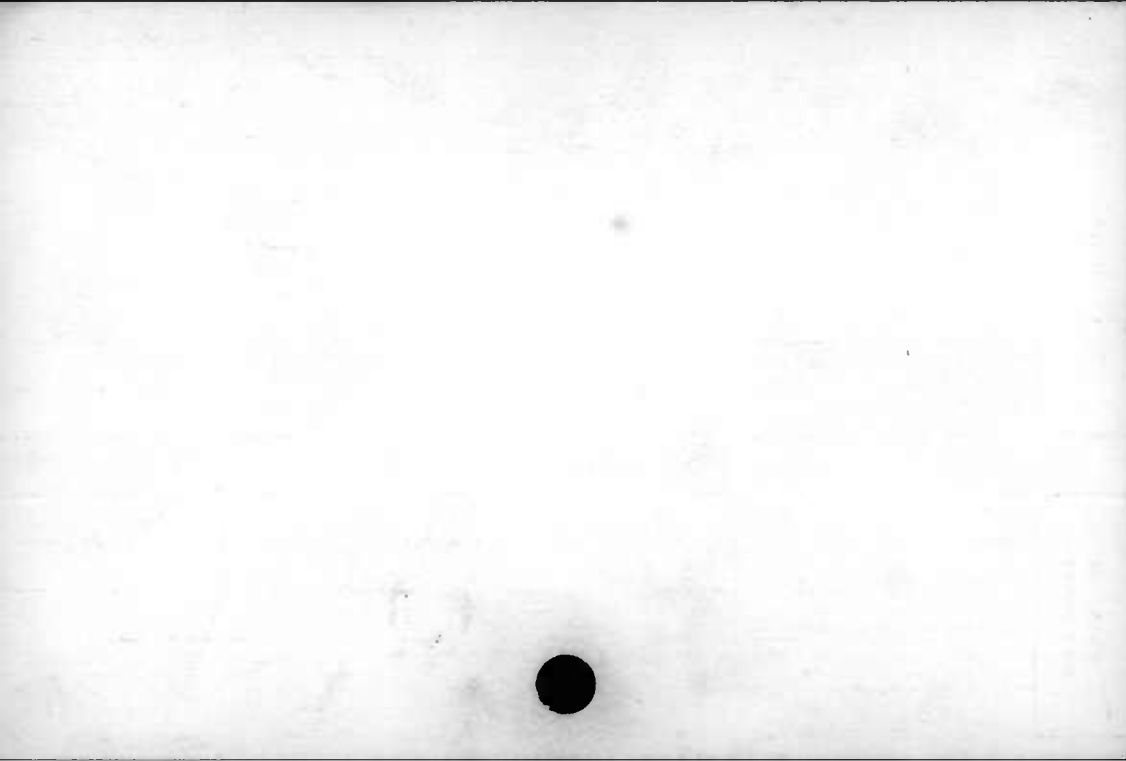
Signature of
Physician

Address

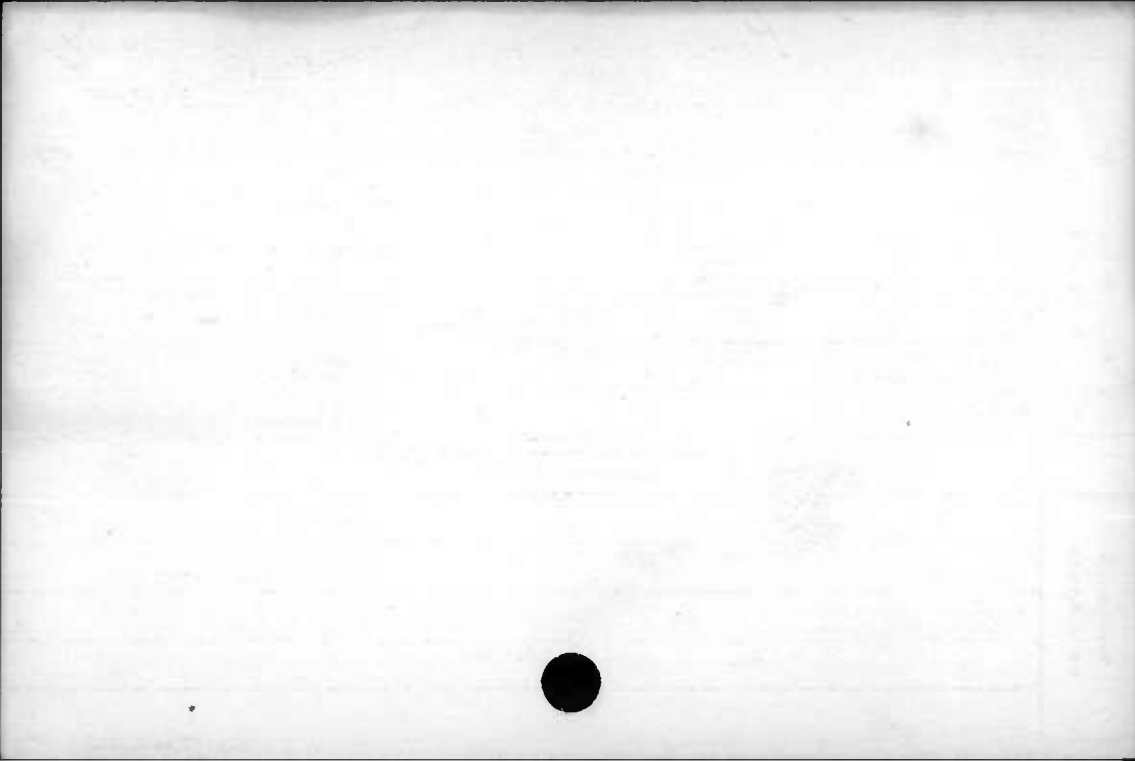
Jas Bordley M.D.
Centerville
Md.

Accident or Suicide?

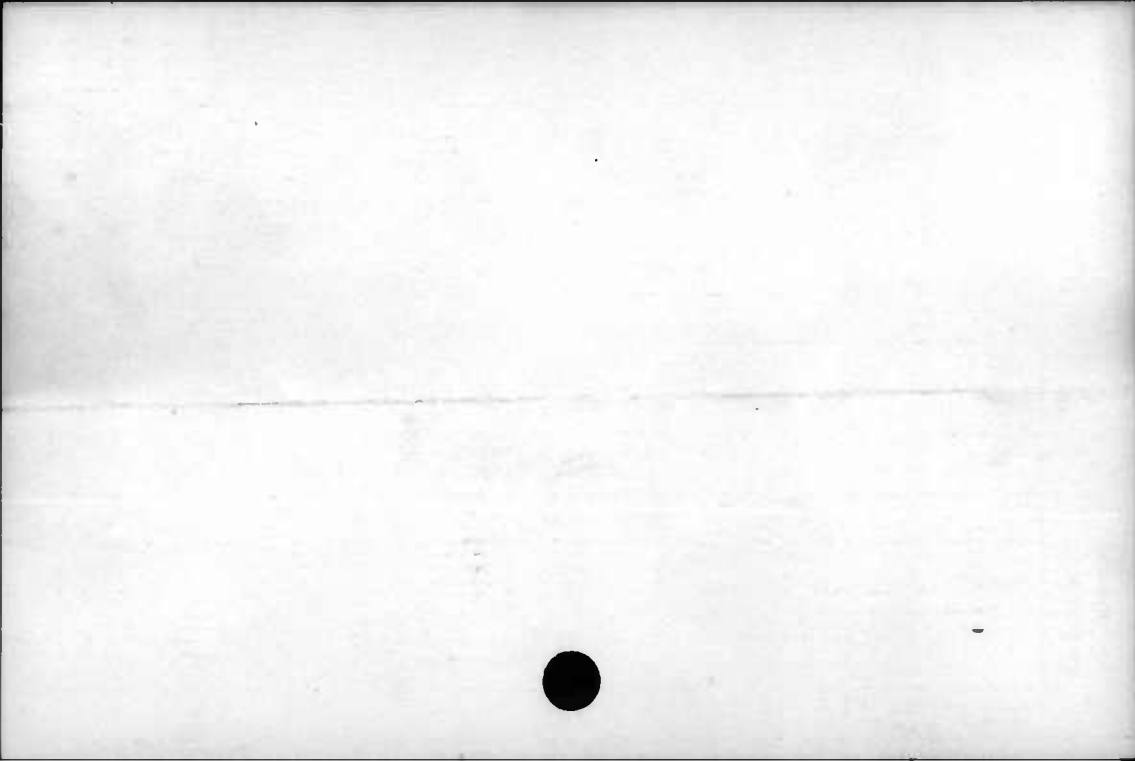
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Philip P. Frazier				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Burrisville	County Anne Arundel	MARYLAND		
		Date of death	Month 9	Day 17	Age 32	Years —	Months —	Days —
		Sex male	Color or Race Negro		Birth-place 2, A, Co. Md			
		Occupation Laborer	Where Residing if not at place of death —					
		Married, Single or Widowed Widower	Name of Wife or Husband —					
		Father's Name John Frazier	Father's Birthplace —					
		Mother's Maiden Name Lizzie	Mother's Birthplace —					
		Name of person giving information				How related to deceased —		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Consumption			How long Several Mo			
		Immediate			How long —			
		Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician Edwin M. Eddins			
					Address Centreville Md			
		Accident or Suicide?						



Name in Full		Miss Emma B. Hart				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Sudersville		Tenn		Anne		
		Date of death		1903	Month	9	Day	26
		Age		17	Years	Months	Days	26
		Sex		Female	Color or Race		White	Birth-place
Occupation		Where Residing if not at place of death						
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Chas R Hart				Father's Birthplace		Md
Mother's Maiden Name		Maggie A Price				Mother's Birthplace		"
Name of person giving information		Chas R Hart				How related to deceased		Father
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Tuberculosis of lungs and bones				One year		
		Immediate				How long		
		" " "				" "		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. J. S. S. S.		
				Address		Sudersville Md		
Accident or Suicide?								



PHYSICIAN
OR CORONER



Name
in
Full

Pearl Hick

CERTIFICATE OF DEATH

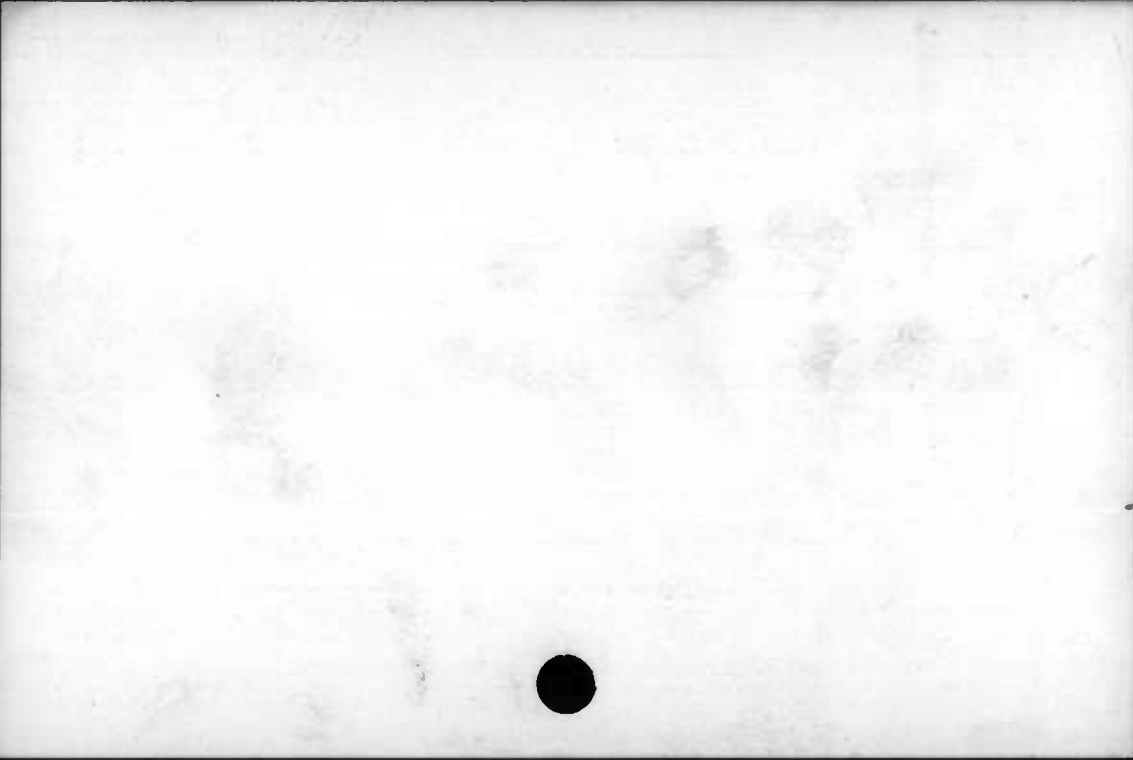
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>millington</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>9</i> ^{Day} <i>13</i>		Age <i>13</i> ^{Years}		Months <i>8</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>black</i>	Birth-place <i>near millington</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Howard Hicke</i>		Father's Birthplace <i>Millington Md</i>			
Mother's Maiden Name <i>Mary Carroll</i>		Mother's Birthplace <i>Queen Anne Md</i>			
Name of person giving information <i>Father Howard Hicke</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsion</i> <i>(11)</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr W H Jacobs</i>	
		Address <i>millington Md</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Expdine Howard</i>		Town <i>Centerville</i>		County <i>Meekins</i>		MARYLAND	
Died at <i>Centerville</i>		Month <i>9</i>		Day <i>23</i>		Age <i>7</i>	
Date of death <i>1904</i>		Month <i>9</i>		Day <i>23</i>		Years <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Centerville</i>		Months <i>7</i>	
Occupation <i>Nursing</i>		Where Residing if not at place of death <i>Place of death</i>		Days <i>7</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Mary G. Deuby</i>		Mother's Birthplace <i>Centerville, Md</i>					
Name of person giving information <i>Julia Deuby</i>		How related to deceased <i>Grand mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>7 month</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Crawford</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	<i>Meekins</i>



Name

in
Full

Elizabeth A. Lankham

CERTIFICATE OF DEATH

Died at ^{Town} Sudberville^{County} Tazewell

MARYLAND

Date
of death 1905

Month

9

Day

21

Age 52

Years

Months

Days

Sex Female

Color or
Race whiteBirth-
place Maryland

Occupation Housewife

Where Residing if not
at place of death "Married, Single
or WidowedName of Wife or
Husband

Grafton S. Lankham

Father's
Name Philip PerryFather's
Birthplace MarylandMother's
Maiden Name Mariab CookMother's
Birthplace "Name of person giving
Information Grafton S. LankhamHow related
to deceased Husband

CAUSES OF DEATH

Primary Heart - and complications

How long Several years

Immediate Heart - trouble

How long half hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Foster Sudler

Address

Sudberville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frank Edward Libby

CERTIFICATE OF DEATH

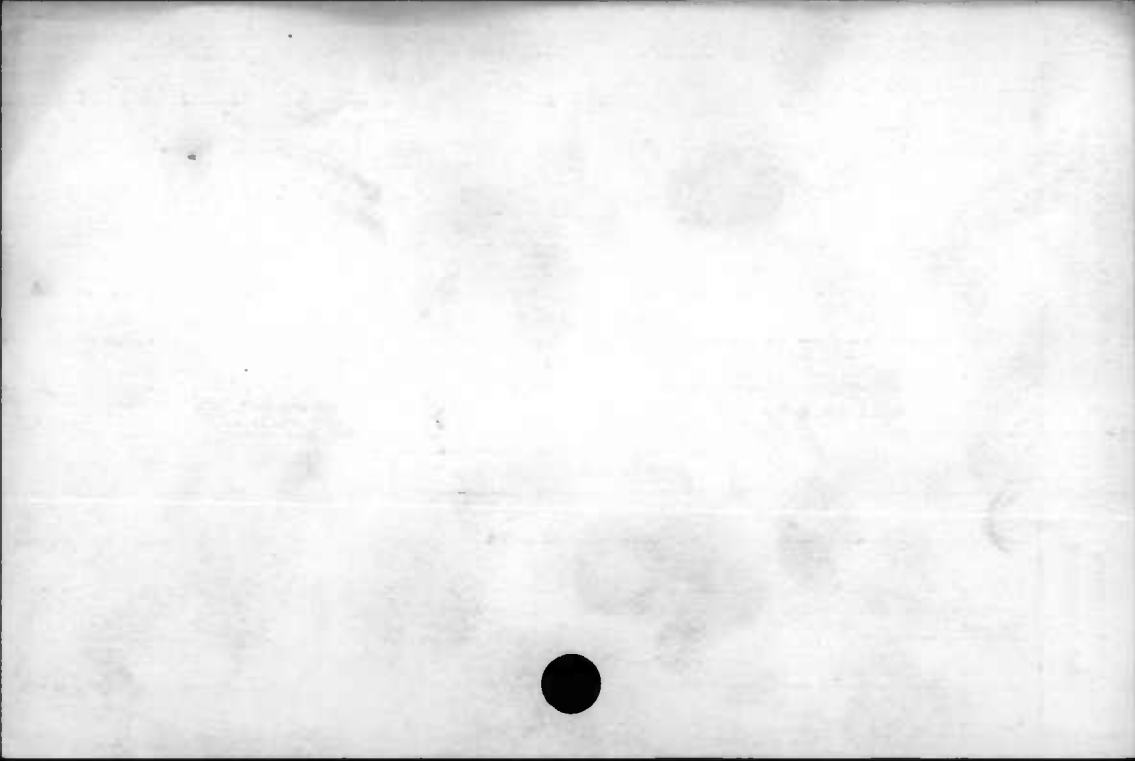
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown's Corner</i>		Town <i>Brown's Corner</i>		County <i>Sumner</i>		State <i>Alabama</i>		MARYLAND					
Date of death <i>1905</i>		Month <i>9</i>		Day <i>21</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Brown's Corner</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Edward Libby</i>		Father's Birthplace <i>Pa.</i>		Mother's Maiden Name <i>Gertrude White</i>		Mother's Birthplace <i>La. Co.</i>		Name of person giving information <i>Edward Libby</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dead Born</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank A. Adams</i>	
		Address <i>—</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

John Thomas Minick

MARYLAND

Died at ^{Town} New Church Hill ^{County} Talco

Date of death 1905 ^{Month} Sept- ^{Day} 13 ^{Age} ^{Years} ^{Months} ^{Days} 7

Sex male Color or Race White Birth-place New Church Hill

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thos A Minick Father's Birthplace Baltimore Md

Mother's Maiden Name MARY BRUSEL Mother's Birthplace Maryland

Name of person giving information Thos A Minick How related to deceased Father

CAUSES OF DEATH

Primary Incontinence (51) How long 2 days

Immediate Exhaustion How long 3 hours

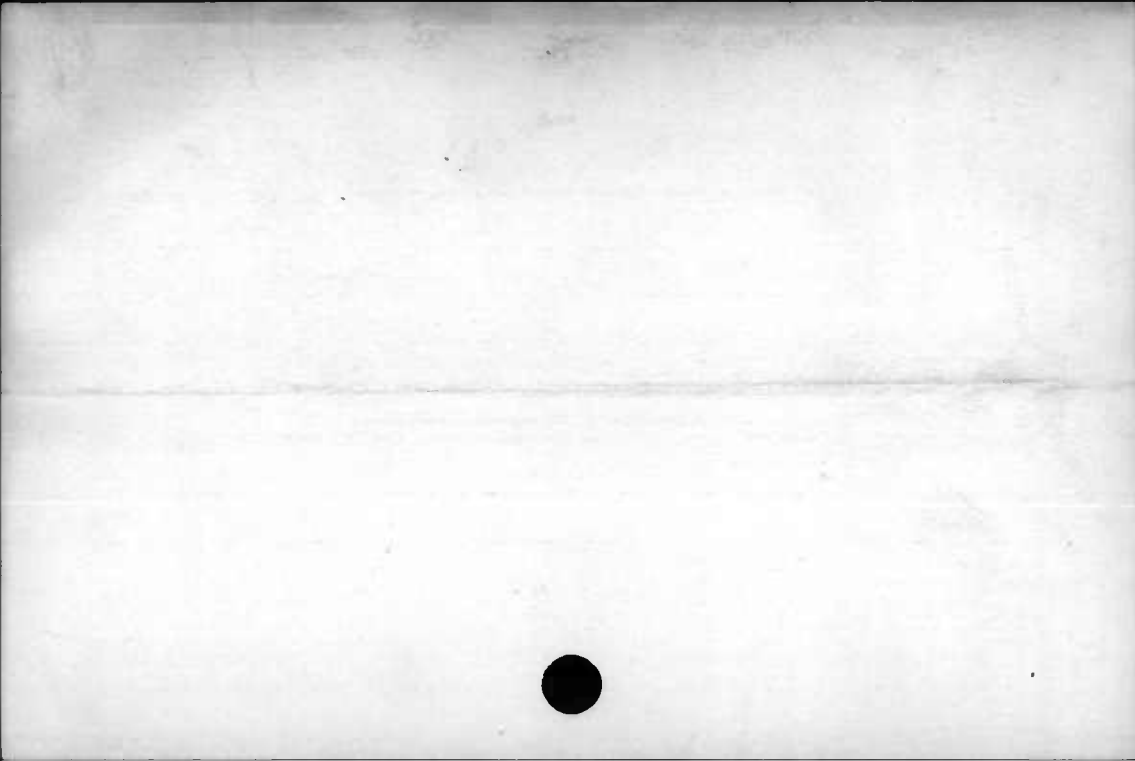
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr N. S. Dudley

Address Church Hill

Accident or Suicide? Maryland

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Esther Price

Town

County

Died at *Alms House**Queen Anne's Co.*

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 19 *05**Sept 17*Age *80**2. A. C.**servant*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife *No History*

Father's Name

Mother's Maiden Name

Cause of Primary

Old Natural Decay

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Dr. Jester & Dr. Holtz

Address

Centerville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Rich Neck		Q. A.		County		MARYLAND							
Date of death		1905		Sept		30		Age		39		Months		Days	
Sex		Male		Color or Race		Col		Birth-place		Md					
Occupation		Farm hand		Where Residing if not at place of death											
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E. Gills									
Father's Name				Father's Birthplace											
Mother's Maiden Name				Mother's Birthplace											
Name of person giving information		Mary E Gills Thomas		How related to deceased		Wife									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Acute miliary tuberculosis		How long		don't know	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. G. Dampers	
				Address		Chesterstown, Md	
Accident or Suicide?		No					



Name
in
Full

Benj Ward Sr

CERTIFICATE OF DEATH

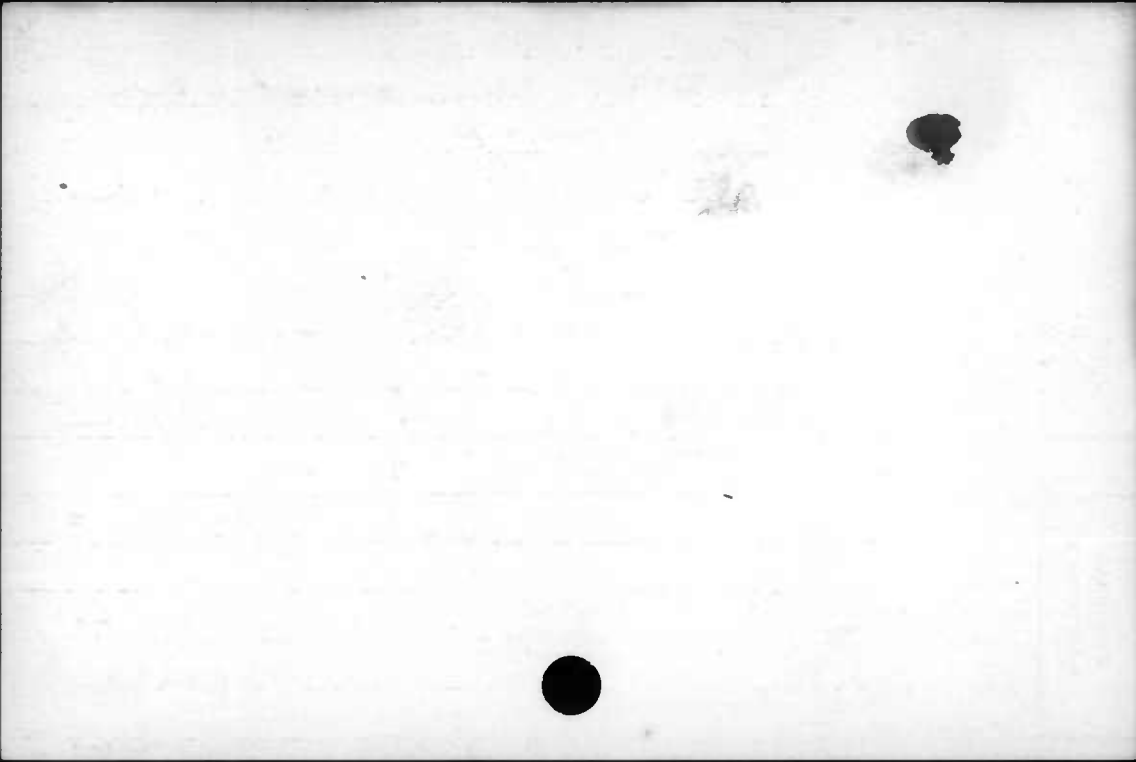
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Map Centreville</i>		Town <i>Centreville</i>		County <i>Queen Anne</i>		MARYLAND		
Date of death <i>1905</i>		Month <i>9</i>	Day <i>17</i>	Age <i>77</i>		Years	Months	Days
Sex <i>male</i>		Color or Race <i>Anglo Saxon</i>		Birth-place <i>England</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mrs Jane McDonald</i>						
Father's Name <i>Daniel Ward</i>		Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Donk Knorr</i>		Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Benj Ward Jr</i>		How related to deceased <i>son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>10 mos</i>
Immediate	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. W. Eddins M.D.</i>
	Address <i>Centreville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

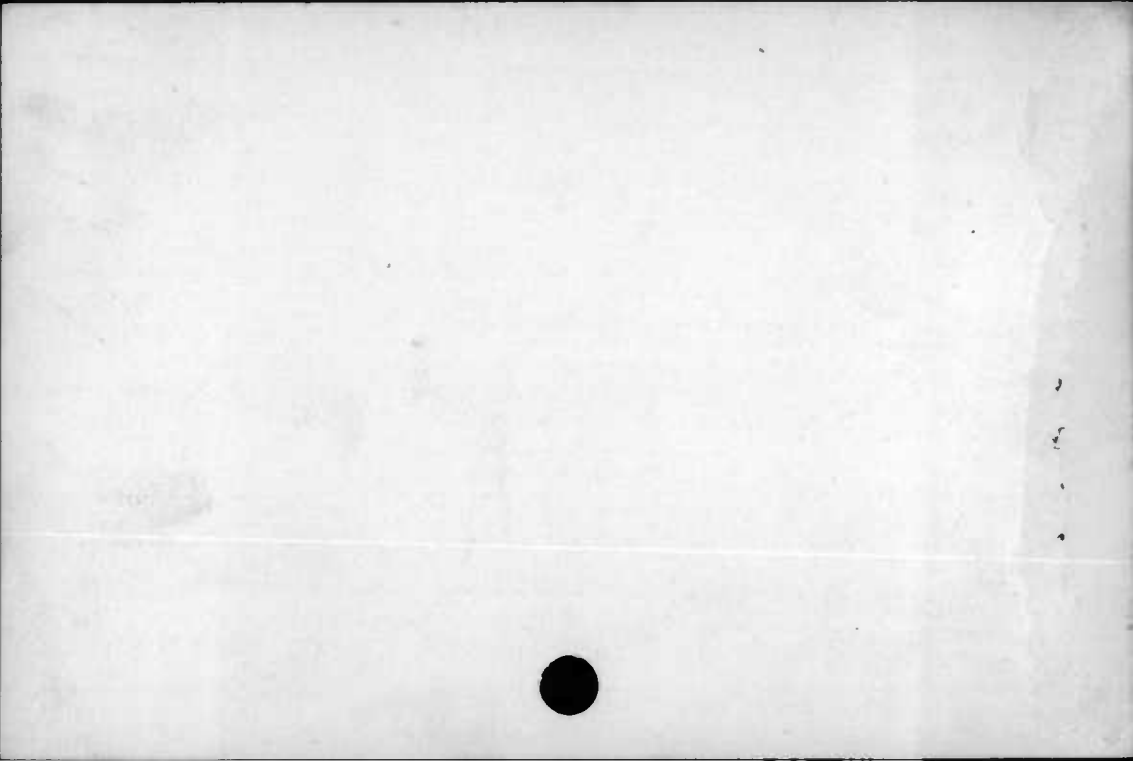
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Love ^{Town} Tourist		Purcell ^{County} Anne		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Sept	25	24		8	
Sex		Male		Color or Race		White	
Birth-place		Baltimore		Occupation		Clerk	
Where Residing if not at place of death		1302 W Lexington W		Married, Single or Widowed		Single	
Name of Wife or Husband		Name of person giving information		Frank P. Whitcraft		Frank P. Whitcraft	
Father's Name		Mother's Maiden Name		Sallie M. Hearn		Sallie M. Hearn	
Father's Birthplace		Mother's Birthplace		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident	Robt J. Cook
Address	Stevensville
Accident or Suicide?	md



Name
in
Full

Sharper Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burrowsville</i> ^{own}		County <i>Queen Anne's</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1905</i>	<i>9</i>	<i>10</i>	<i>74</i>		
Sex <i>male</i>	Color or Race <i>Negro</i>	Birth-place <i>md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Johnson</i>				
Father's Name <i>Abraham Woodland</i>	Father's Birthplace <i>South-Kenn</i>				
Mother's Maiden Name <i>Mary</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>John Woodland</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Don't know</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Don't know</i>	Signature of Physician <i>Jas Fordley M.D.</i>
	Address <i>Genterville</i>
Accident or Suicide?	<i>all.</i>

